

# Request for Applications

RFA # A-204

***Get Alarmed, North Carolina!***



**FUNDING AGENCY:** North Carolina Department of Health and Human Services  
Division of Public Health  
Chronic Disease and Injury Section  
Injury and Violence Prevention Branch

**ISSUE DATE:** March 5, 2010

**IMPORTANT NOTE:** Indicate agency or organization name and RFA number on the front of each application envelope or package, along with the date for receipt of applications specified below.

**Applications will be received until 5:00 PM on April 16, 2010.**

Electronic copies of the application will be posted on the website on March 5, 2010. It can also be requested by contacting Sherri Troop at the address or phone number shown below.

Send all applications directly to the funding agency address shown below.

Direct all inquiries concerning this RFA to:

**Mailing Address:**

Sherri Troop, Program Manager  
Injury and Violence Prevention Branch  
1915 Mail Service Center  
Raleigh, NC 27699-1915  
Phone: (919) 707-5435  
Fax: (919) 870-4803  
Sherri.Troop@dhhs.nc.gov

**Street/ Hand Delivery Address:**

Sherri Troop, Program Manager  
Injury and Violence Prevention Branch  
5505 Six Forks Road, 3rd Floor, Room A2  
Raleigh, NC 27609-3809

## **I. INTRODUCTION**

*Get Alarmed, North Carolina!* is an initiative to reduce residential fire injury and death in North Carolina. This Request for Applications provides opportunities for local fire agencies to participate in this initiative by installing smoke alarms in homes within their jurisdictions and providing home-based fire safety education to residents. A total of approximately \$15,000 will be awarded among a maximum of fifteen (15) agencies. Recipients will receive a contract for reimbursement of project expenses up to the amounts of their award and a supply of long-life lithium battery powered smoke alarms.

## **II. BACKGROUND**

*Get Alarmed, North Carolina!* is a program of the NC Division of Public Health, the Office of State Fire Marshal, the UNC Hospitals Jaycee Burn Center and the UNC Injury Prevention Research Center. The mission of *Get Alarmed, North Carolina!* is to reduce fire deaths and injuries to North Carolina residents. This mission is accomplished by providing fire safety education and installing smoke alarms in the homes of residents at greatest risk of fire injury. This project will target low-income residents in households with older adults, families with children under age six, and disabled persons.

## **III. SCOPE OF SERVICES**

*Get Alarmed, North Carolina!* is funded by a five-year cooperative agreement from the National Center for Injury Prevention and Control at the Centers for Disease Control and Prevention (CDC). This is the final year of this cooperative agreement.

### **All awards are contingent upon the availability of funds from CDC.**

Eligible recipients of awards are:

- 1) Fire Departments (public or private not-for-profit) or official representatives of Fire Agencies such as Fire Marshal's Offices or Fire Fighter's Associations in North Carolina counties with a population of 50,000 or fewer persons; or,
- 2) Fire Agencies in North Carolina counties with a population of greater than 50,000 may apply,
  - IF the Fire Agency's district has a population of 50,000 or fewer persons or,
  - IF a Fire Agency's district has a population of greater than 50,000 persons, and targets a high-risk neighborhood with a population of 50,000 or fewer persons, This includes Fire Agencies in larger cities.

High-risk neighborhoods are defined as,

- low-income, or,
- a large proportion of older adults, or,
- a large population of families with young children, or,
- a large population of persons with disabilities.

Applications in category 2 (as defined above) must specify neighborhood boundaries, provide a credible population estimate, cite the source of the population estimate and describe the high-risk population in their application.

Based on the guidelines below, applicants may apply for smoke alarms only or for a combination of funding and smoke alarms that best represents the work that can be accomplished in the funding period. If applying for the combination of smoke alarms and funds, applicants may apply for the maximum of funds for the level of smoke alarms or a minimum of \$1,000 based on the guidelines below.

- 375 – 500 smoke alarms and a sum of not more than \$3,000
- 250 – 375 smoke alarms and a sum of not more than \$2,000
- 100 – 250 smoke alarms and at least \$1,000
- 100 – 500 smoke alarms and \$0 dollars

Funds should be used for smoke alarm installation activities such as outreach, fire safety publicity campaigns, audio-visual equipment for smoke alarm education, computers for tracking installations, installation expenses (including supplies such as ladders and drills) and reimbursement of the expenses of volunteer installers. Funds may also be used for incidental project expenses including telephone, postage and travel.

For counties with populations of less than 50,000 persons, preference will be given to countywide applications. Applications may be filed by public or not-for-profit fire agencies, the county fire marshal's office or another entity entitled to receive funds for local fire agencies. Applications for counties that include more than one fire department should include a letter of commitment or statement of support from each participating fire department stating their agreement to fully participate in the project. Include letters or statements in Attachment A.

All award recipients will be required to complete the following activities.

- ALL installers MUST attend training that will be provided in the funded site. Only those who have attended training will be eligible to participate in the program.
- Solicit referrals of eligible residents from local agencies including Health Departments, Social Services, Senior Centers and others.
- Visit residents' homes to complete a brief survey, provide fire safety education, and install smoke alarm(s). Examples of forms are included in Appendix A.
- Submit copies of all surveys to the Program Manager on a monthly basis.
- Report residential fire calls on the Office of State Fire Marshal form, Incident Reporting System throughout the project period. CDC requires that the Division of Public Health document lives saved and injuries avoided as a result of this project.
- Recipients of smoke alarms and funds will be required to submit monthly expenditure reports to the Program Manager.

At their option, the reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification; therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.

#### **IV. GENERAL INFORMATION ON SUBMITTING APPLICATIONS**

1. Award or Rejection

All qualified applications will be evaluated and award made to that agency or organization whose combination of budget and service capabilities is deemed to be in the best interest of the funding agency. The funding agency reserves the unqualified right to reject any or all offers if determined to be in its best interest. Successful applicants will be notified by May 21, 2010.

2. Decline to Offer

Any agency or organization that receives a copy of the RFA but declines to make an offer is requested to send a written "Decline to Offer" to the funding agency. Failure to respond as requested may subject the agency or organization to removal from consideration of future RFAs.

3. Cost of Application Preparation

Any cost incurred by an agency or organization in preparing or submitting an application is the agency's or organization's sole responsibility; the funding agency will not reimburse any agency or organization for any pre-award costs incurred.

4. Elaborate Applications

Elaborate applications in the form of brochures or other presentations beyond that necessary to present a complete and effective application are not desired.

5. Oral Explanations

The funding agency will not be bound by oral explanations or instructions given at any time during the competitive process or after awarding the grant.

6. Reference to Other Data

Only information that is received in response to this RFA will be evaluated; reference to information previously submitted will not suffice.

7. Titles

Titles and headings in this RFA and any subsequent RFA are for convenience only and shall have no binding force or effect.

8. Form of Application

Each application must be submitted on the form provided by the funding agency, and will be incorporated into the funding agency's Performance Agreement (contract).

9. Exceptions

All applications are subject to the terms and conditions outlined herein. All responses will be controlled by such terms and conditions. The attachment of other terms and conditions by any agency and organization may be grounds for rejection of that agency or organization's application. Funded agencies and organizations specifically agree to the conditions set forth in the Performance Agreement (contract).

## 10. Advertising

In submitting its application, agencies and organizations agree not to use the results there from or as part of any news release or commercial advertising without prior written approval of the funding agency.

## 11. Right to Submitted Material

All responses, inquiries, or correspondence relating to or in reference to the RFA, and all other reports, charts, displays, schedules, exhibits, and other documentation submitted by the agency or organization will become the property of the funding agency when received.

## 12. Competitive Offer

Pursuant to the provision of G.S. 143-54, and under penalty of perjury, the signer of any application submitted in response to this RFA thereby certifies that this application has not been arrived at collusively or otherwise in violation of either Federal or North Carolina antitrust laws.

## 13. Agency and Organization's Representative

Each agency or organization shall submit with its application the name, address, and telephone number of the person(s) with authority to bind the agency or organization and answer questions or provide clarification concerning the application.

## 14. Subcontracting

Agencies and organizations may propose to subcontract portions of work provided that their applications clearly indicate the scope of the work to be subcontracted, and to whom. All information required about the prime grantee is also required for each proposed subcontractor.

## 15. Proprietary Information

Trade secrets or similar proprietary data which the agency or organization does not wish disclosed to other than personnel involved in the evaluation will be kept confidential to the extent permitted by NCAC TO1: 05B.1501 and G.S. 132-1.3 if identified as follows: Each page shall be identified in boldface at the top and bottom as "CONFIDENTIAL." Any section of the application that is to remain confidential shall also be so marked in boldface on the title page of that section.

## 16. Participation Encouraged

Pursuant to Article 3 and 3C, Chapter 143 of the North Carolina General Statutes and Executive Order No. 77, the funding agency invites and encourages participation in this RFA by businesses owned by minorities, women and the disabled including utilization as subcontractor(s) to perform functions under this Request for Applications.

## 17. Contract

The Division will issue a contract to the recipient of the RFA funding. Expenditures can begin immediately upon receipt of a completely signed contract.

Please be advised that successful applicants may be required to have an audit in accordance with G.S. 143C-6-22 and G.S. 143C-6-23 as applicable to the agency's status. Also, the contract may include assurances that the successful applicant would be required to execute when signing the contract.

Agencies or organizations receiving Federal funds would be required to execute certifications regarding Environmental Tobacco Smoke, Lobbying, Debarment, and Drug-Free Workplace Requirements. See Attachment D to view these certifications. **They do not need to be signed for the application submission.**

Contracts with private non-profit agencies require a notarized conflict of interest policy statement, as well as a Certification of No Overdue Taxes. See the instructions on Attachments F and G, complete forms, and include in submission. (N/A if provided to DPH since 01/01/2010)

Private non-profit applicants must also be registered with the North Carolina Secretary of State to do business in North Carolina, or be willing to complete the registrations process in conjunction with the execution of the contract documents.

(see [www.secretary.state.nc.us/corporations](http://www.secretary.state.nc.us/corporations)).

Applicants must submit documentation of its DUNS number. DUNS is the abbreviation for the Data Universal Numbering System developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.

## **V. APPLICATION PROCUREMENT PROCESS AND APPLICATION REVIEW**

The following is a general description of the process by which applicants will be selected for funding for this project.

1. This RFA shall be released on March 5, 2010 and sent to prospective agencies and organizations via direct mail, email, and/or the North Carolina Injury and Violence Prevention Branch's website at <http://www.injuryfreenc.ncdhhs.gov/About/GetAlarmedNC.htm>.
2. Written questions concerning the specifications in this Request for Applications will be received until April 9, 2010. As an addendum to this RFA, a summary of all questions and answers will be placed on the North Carolina Injury and Violence Prevention Branch's website at <http://www.injuryfreenc.ncdhhs.gov/About/GetAlarmedNC.htm> on April 13, 2010. Please refer to Appendix B for Frequently Asked Questions.
3. Applicants shall submit **original and 5 copies** of the application. The original and five copies must include the required attachments. In addition, applicant organizations shall submit an electronic version of the application, line item budget and budget narrative on a rewriteable CD-RW disc, 3.5 inch disk either with the "hard" copies, or as an e-mail attachment to [sherri.troop@dhhs.nc.gov](mailto:sherri.troop@dhhs.nc.gov). Electronic submission will not be accepted in lieu of an original. Faxed applications will not be accepted.
4. All applications must be received by the Department of Health and Human Services by the date and time on the cover sheet of this RFA. Faxed or e-mailed applications ***will not*** be accepted in lieu of the original and required number of hard copies. ***Original*** signatures are required. Note: If the US Postal Service is used, allow sufficient time for delivery to the Injury and Violence Prevention Branch by **5:00 PM on April 16, 2010**.
5. Applications from each responding agency and organization will be logged into the system and stamped with the date received on the cover sheet.

6. At their option, the application reviewers may request additional information from any or all applicants for the purpose of clarification or to amplify the materials presented in any part of the application. However, agencies and organizations are cautioned that the reviewers are not required to request clarification. Therefore, all applications should be complete and reflect the most favorable terms available from the agency or organization.
7. Applications will be evaluated by a committee according to completeness, content, experience with similar projects, ability of the agency's or organization's staff, cost, etc. The award of a grant to one agency and organization does not mean that the other applications lacked merit, but that, all facts considered, the selected application was deemed to provide the best service to the State.
8. Agencies and organizations are cautioned that this is a request for applications and that the funding agency reserves the unqualified right to reject any and all applications when such rejections are deemed to be in the best interest of the funding agency.
9. Application Process Summary Dates:

March 5, 2010:	Request for applications released to eligible applicants
April 9, 2010:	Deadline for Questions
April 13, 2010:	The Question & Answers will be posted to the website
April 16, 2010:	Applications due to the Injury and Violence Prevention Branch by 5:00pm
May 21, 2010:	Awards announced
September 30, 2010:	Contract begins

## **VI. EVALUATION CRITERIA**

The following criteria shall be used to evaluate applications submitted for funding:

**Need** — Did the applicant describe why these services are needed in their community?

**Background** — To what extent did the applicant describe prior experiences in smoke alarm distribution or installation?

**Area Served** – Has the applicant identified the county or portion of the county to be served? Has the applicant identified all participating fire departments?

For applicants with county populations over 50,000:

Did the applicant describe the specific neighborhood boundaries? Did the applicant provide a credible population estimate with source cited? Did the application describe the high risk nature for the neighborhood for residential fire injury?

**Outreach Plan** – Did the applicant list agencies and organizations they will work with for referrals? Did the applicant discuss the advertising plan for the county?

**Smoke Alarm Installation Process** – Did the applicant describe how smoke alarms will get installed in homes? Did the applicant identify who (name and position) will be responsible for each activity of the program? Did the applicant discuss coordination efforts if multiple fire departments participate?

**Program Budget/Justification Narrative** — Does the budget reflect the proposed activities in the Scope of Work? Are the amounts budgeted reasonable and appropriate?

The Injury and Violence Prevention Branch shall facilitate a comprehensive review process. Each application shall be required to pass an initial screening process for completeness. Applications which do not pass this screening review shall be excluded from further review. The screening procedures shall include a determination of whether all required documents, forms, and formats are included and completed properly. Applications passing this initial screening shall then be reviewed based on the following criteria:

Need	15 Points
Background	5 Points
Area Served	25 Points
Outreach Plan	15 Points
Smoke Alarm Installation Process	25 Points
Budget/Justification	<u>15 Points</u>
<b>Highest possible score</b>	<b>100 Points</b>



## VI. APPLICATION CHECKLIST

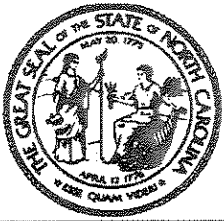
Please be sure that all of the following items are included in your application. Assemble the application in the following order. Use a binder clip at the top left corner on each copy of the application. Number each page consecutively. Applications must be typed in 12 font, single-spaced with one inch margins, single sided.

- \_\_\_ Cover Letter: The application must include a cover letter, on agency letterhead (if available), signed and dated by an individual authorized to legally bind the Applicant. If said individual is not the corporate president, submit evidence showing the individual's authority to bind the Applicant. (See Attachment C: Letter from Board President/Chairperson Identifying individual(s) Authorized to Sign Contracts.) Include in the cover letter the legal name of the Applicant agency, the RFA number, the federal tax identification number and the closing date for applications.
- \_\_\_ Application Face Sheet (page #10) followed by a completed application.
- \_\_\_ Completed Application Form (20 pages maximum)
- \_\_\_ DUNS Number Verification. Applicants must submit documentation of its DUNS number. DUNS is the abbreviation for the Data Universal Numbering System developed and regulated by Dun & Bradstreet. If your agency does not have a DUNS number, please use the Dun & Bradstreet (D&B) online registration (<http://fedgov.dnb.com/webform>) to receive one free of charge.
- \_\_\_ Attachment A: Letters of Commitment or Statements of Support -- letters from collaborating Fire Agencies, County Manager, Health Department, Social Services and other referring agencies.
- \_\_\_ Attachment B: 501 (c) (3) Letter (Only Private Non-Profit Agencies) -- Public organizations shall submit a document verifying their legal name and tax identification number. Private not-for-profit agencies shall submit a copy of their IRS 501 (c) (3) and a 501 (c) 3 verification letter. N/A if provided to the DPH since 01/01/10.
- \_\_\_ Attachment C: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Contracts. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc. N/A if provided to the DPH since 01/01/10.
- \_\_\_ Attachment D: Federal Certifications -- Included for reference only. Certifications are not to be signed at time of application.
- \_\_\_ Attachment E: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Expenditure Reports. Local government agencies should obtain the signature of town manager, chair of county commissioners, etc. N/A if provided to DPH since 01/01/10.
- \_\_\_ Attachment F: Notarized Conflict of Interest Policy (Applies to Private Non-Profits). N/A if provided to the DPH since 01/01/10.
- \_\_\_ Attachment G: Certification of No Overdue Taxes (Applies to Non-public entities and financial assistance contracts). N/A if provided to DPH since 01/01/10.

## APPLICATION FACE SHEET

This form provides basic information about the applicant and the proposed project with Get Alarmed, North Carolina, including the signature of the individual authorized to sign "official documents" for the agency. This form is the application's cover page. Signature affirms that the facts contained in the applicant's response to RFA # A-204 are truthful and that the applicant is in compliance with the assurances and certifications that follow this form and acknowledges that continued compliance is a condition for the award of a contract. Please follow the instructions below.

1. Legal Name of Agency:	
2. Name of individual with Signature Authority:	
3. Mailing Address (include zip code +4):	
4. Address to which checks will be mailed:	
5. Street Address:	
6. Contract Administrator:	<div> <div> <div>▪ Telephone Number:</div> <div>▪ Fax Number:</div> <div>▪ E-mail Address</div> </div> <div> <div>▪ Name:</div> <div>▪ Title:</div> </div> </div>
7. Agency Status (check all that apply):	
<input type="checkbox"/> Public <input type="checkbox"/> Private Non-Profit <input type="checkbox"/> Local Health Department	
8. Agency Federal Tax ID Number:	9. Agency DUNS Number:
10. Agency's URL (website):	
11. Agency's Financial Reporting Year:	
12. Current Service Delivery Areas (county(ies) and communities):	
13. Proposed Area(s) To Be Served with Funding (county(ies) and communities):	
14. Amount of Funding Requested	
15. Projected Expenditures: Does applicant's state and/or federal expenditures exceed \$500,000 for applicant's current fiscal year (excluding amount requested in # 12)      Yes <input type="checkbox"/> No <input type="checkbox"/>	
The facts affirmed by me in this application are truthful and I warrant that the applicant is in compliance with the assurances and certifications contained in NC DHHS/DPH Assurances Certifications. I understand that the truthfulness of the facts affirmed herein and the continuing compliance with these requirements are conditions precedent to the award of a contract. The governing body of the applicant has duly authorized this document and I am authorized to represent the applicant.	
16. Signature of Authorized Representative:	17. Date



## APPLICATION / SCOPE OF WORK

*Get Alarmed, North Carolina!*

*Application*



1

Applicant agency or organization \_\_\_\_\_

Please check the appropriate box:

Agency status: ☐ Public ☐ Non Profit

Name and Title of Contract administrator \_\_\_\_\_

Street Address (include zip code + extended zip code) \_\_\_\_\_

Financial Reporting Yr. \_\_\_\_\_ - \_\_\_\_\_

2

**Level of funding requested** Please check the appropriate box and fill in the total amount of funds requested.

☐ 375 – 500 smoke alarms and \$ \_\_\_\_\_ (not to exceed \$3000)

☐ 250 – 375 smoke alarms and \$ \_\_\_\_\_ (not to exceed \$2000)

☐ 100 – 250 smoke alarms and \$ \_\_\_\_\_ (not to exceed \$1000)

☐ 100 – 500 smoke alarms and \$0 dollars. (Fill in the number of alarms requested with no funds) \_\_\_\_\_ smoke alarms

3

### **Need**

Describe why these services are needed in your community.

### **Background**

Describe any prior experiences in your county or district(s) in smoke alarm distribution or installation.

### **Area to be served**

Identify county or portion of county. Identify all participating fire departments.

### ***Additional information required only for counties with a population over 50,000***

Describe the specific neighborhood boundaries that the project will serve. Provide a credible population estimate (cite the source of the population estimate) and describe why this neighborhood is a high risk for residential fire injury.

## **Outreach Plan**

What agencies and organizations will you work with for referrals? How will you advertise the project in your community?

## **Smoke Alarm Installation Process**

Describe how you will get smoke alarms installed in homes. Identify who (name and position) will be responsible for specific activities such as contacting residents, visiting homes, submitting survey forms, reports and other activities. If multiple fire departments will participate, explain how the work will be coordinated among them.

**Budget**

Include all project costs for which funding is requested. Provide specific products, services to be procured, unit costs, and numbers of each product or service. For costs for which categories are not included, please use the "Other" category and explain in detail. The Budget total should equal the requested funding level.

\$ \_\_\_\_\_ Payment to volunteer fire dept. personnel for installing smoke alarms,  
 \_\_\_\_\_ # of smoke alarms x \$ \_\_\_\_\_ per smoke alarm.

\_\_\_\_\_ Supplies for installing smoke alarms – provide detailed costs, e.g. 10 cordless drills x \$30 per drill or 3 step ladders x \$25 per ladder.

\_\_\_\_\_ Outreach and advertising supplies, e.g. paper, printing. Explain in detail. Example: Printing Flyers – 500 at a cost of .20 each for a total cost of \$100.

\_\_\_\_\_ Office supplies, e.g. paper, postage, file cabinets/storage for records, and educational materials. Explain in detail. Example: Ten reams of paper at a cost of \$3 each for a total cost \$30.

\_\_\_\_\_ Travel (# miles x rate per mile, not to exceed the state rate of \$0.50 per mile)

\_\_\_\_\_ Other (please give specific details and explanation)

\$ \_\_\_\_\_ Total Project Costs

# Appendices

# **Appendix A**

## **Get Alarmed, North Carolina Survey including Consent/ Release from Liability and Education Documentation**



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Fire Department Code

## Get Alarmed, North Carolina!

JXXXXX

### STEP 1 - Consent to Participate

I work with the \_\_\_\_\_ Fire Department to promote fire safety in your neighborhood. I'd like to ask you a few questions about your household and smoke alarms. Then I'll do a simple test to see if any smoke alarms you have are working and have a long life battery. If necessary, I'll install new smoke alarms for free. Your decision whether or not to allow me to determine if a smoke alarm needs to be installed at this time will not affect your ability to receive the services that we usually provide to all the homes in your neighborhood.

Would you be willing to participate?

☐ Yes [CONTINUE] ☐ No [THANK THE RESIDENT & LEAVE]

### STEP 2 - Get Alarmed, North Carolina! Survey

READ ALL QUESTIONS TO THE RESPONDENT, BUT DO NOT READ THE ANSWER OPTIONS. MARK ALL ANSWERS ON THIS FORM.

- Resident's name [PLEASE PRINT] \_\_\_\_\_  
 Salutation (Mr., Mrs., Ms., etc.) \_\_\_\_\_ First \_\_\_\_\_ Last \_\_\_\_\_
- Resident's contact information [PLEASE PRINT]
  - Street \_\_\_\_\_
  - Apartment Number \_\_\_\_\_
  - City/Town \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_
  - Telephone \_\_\_\_\_  
 ENTER 9 FOR ALL BOXES IF NO TELEPHONE
- Do any of the following live in this household? (check all that apply)
 

a. Children under age 5	Yes [1] <input type="checkbox"/>	No [2] <input type="checkbox"/>	Don't Know [8] <input type="checkbox"/>	Refused [9] <input type="checkbox"/>
b. Adults over age 64	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Persons with disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
- Are there any smoke alarms in this home?
 

<input type="checkbox"/>	<input type="checkbox"/> [skip to Item 8]	<input type="checkbox"/> [skip to Item 8]	<input type="checkbox"/> [skip to Item 8]
--------------------------	---	---	---
- [IF 4 = YES] How often do you test your Smoke Alarm?
 

<input type="checkbox"/> Once a week [1]	<input type="checkbox"/> Once a month [2]	<input type="checkbox"/> Once a year [3]	<input type="checkbox"/> Never [4]	<input type="checkbox"/> Don't Know [8]	<input type="checkbox"/> Refused [9]
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- [IF 4 = YES] How often do you change your battery?
 

<input type="checkbox"/> Once a month [1]	<input type="checkbox"/> Once a year [2]	<input type="checkbox"/> Twice a year [3]	<input type="checkbox"/> Other [5] (specify): _____	<input type="checkbox"/> Don't Know [8]	<input type="checkbox"/> Refused [9]
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- [IF 4 = YES] May I check the location of the smoke alarm(s)?
 

<input type="checkbox"/>	<input type="checkbox"/> Yes [1]	<input type="checkbox"/> No [2]	<input type="checkbox"/> Refused [9]
--------------------------	----------------------------------	---------------------------------	--------------------------------------
- May I check to see if you might have any smoke alarms that don't look like your typical smoke alarm?
 

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Number of smoke alarms observed in residence. \_\_\_\_\_ [FOR "0" SMOKE ALARMS, SKIP TO ITEM 12]
- First smoke alarm (CHECK ALL THAT APPLY)
 

<input type="checkbox"/> Working [1]	<input type="checkbox"/> Not working [2]	<input type="checkbox"/> Not tested [3]	<input type="checkbox"/> >10 yrs old [4]	<input type="checkbox"/> Non-lithium battery [5]	<input type="checkbox"/> Improper location [6]
--------------------------------------	--	---	--	--	--
- Second smoke alarm (CHECK ALL THAT APPLY)
 

<input type="checkbox"/> Working [1]	<input type="checkbox"/> Not working [2]	<input type="checkbox"/> Not tested [3]	<input type="checkbox"/> >10 yrs old [4]	<input type="checkbox"/> Non-lithium battery [5]	<input type="checkbox"/> Improper location [6]
--------------------------------------	--	---	--	--	--

[WHEN A RESIDENCE HAS ONE OR MORE SMOKE ALARMS WITH LONG LIFE BATTERIES, READ] Your residence already has an adequate number of properly located working smoke alarms with long life batteries. We do not need to install any more. Thank you very much for your time. [SKIP TO ITEM 12]

[WHEN A RESIDENCE IS ELIGIBLE FOR SMOKE ALARM INSTALLATION, READ] We'd like to install one or more smoke alarms with long life batteries in your home. In order for us to do this, you will need to sign our installation form. We may call you back in about a year to see if they are still working.

GO OVER THE CONSENT/RELEASE FROM LIABILITY STATEMENT ON THE BACK SIDE OF THIS FORM WITH THE RESIDENT. MAKE SURE THIS PART OF THE FORM IS SIGNED BEFORE CONTINUING. AFTER THE INSTALLATION, PLEASE COMPLETE QUESTIONS 12-13 AND SIGN THE FORM.

- DID YOU INSTALL SMOKE ALARM(S)?
 

<input type="checkbox"/> Yes	<input type="checkbox"/> No
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- [IF ITEM 12 = NO] WHY DID YOU NOT INSTALL SMOKE ALARM(S)?
 

<input type="checkbox"/> Not needed	<input type="checkbox"/> Refused
-------------------------------------	----------------------------------

☐ Other reason, please explain: \_\_\_\_\_

- Number of Smoke Alarms installed today \_\_\_\_\_

Fire Fighter/ Fire Safety Volunteer Name [PLEASE PRINT] \_\_\_\_\_

Date \_\_\_\_\_

White - Department of Health and Human Services, Yellow - Fire Department

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Fire Department Code

JXXXXX

### STEP 3 - Informed Consent and Release from Liability

I agree to allow the North Carolina Department of Health and Human Services and the \_\_\_\_\_ Fire Department to install a lithium battery powered smoke alarm in my home. I understand and agree that the sole purpose of this program is to help reduce deaths and injuries from residential fire. I understand that the \_\_\_\_\_ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services are providing this free smoke alarm and fire safety education materials as a public service in the interest of encouraging safety and helping to prevent fire related injuries.

I understand that the \_\_\_\_\_ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services do not guarantee or endorse this brand of smoke alarm. I also understand that the \_\_\_\_\_ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services are not a seller, manufacturer, or dealer of smoke alarms, and that this program cannot fully evaluate the quality, safety, or condition of the smoke alarm or the manner in which it is installed.

In exchange for accepting the free smoke alarm(s) and the fire safety education materials, I agree not to make any claim or demand or to file any lawsuit against the \_\_\_\_\_ Fire Department and the Injury Prevention Branch of the North Carolina Department of Health and Human Services or any individual connected with this project for any present or future injuries, damages, costs, or expenses claimed to have resulted from the smoke alarm or this project.

I further agree that I will read the manufacturer's instructions, which are included with the smoke alarm.

This release from liability is binding on me and my family and all my heirs and successors.

Applicant's Signature \_\_\_\_\_

Fire Fighter/ Fire Safety Volunteer Signature \_\_\_\_\_

# Number of smoke alarms installed today \_\_\_\_\_

Date \_\_\_\_\_

\*\*If this smoke alarm starts "chirping" or does not "alarm" when tested, call the Fire Department that installed it for you or the North Carolina Department of Health and Human Services, Division of Public Health, Injury and Violence Prevention Branch at 919-707-5435. Please refer to the "Get Alarmed, North Carolina!" Smoke Alarm Installation Project of 2009.

**IF YOUR FIRE DEPARTMENT IS PARTICIPATING IN THE SAIFE EVALUATION - PLEASE HAVE THE RESIDENT COMPLETE THE SAIFE SURVEY BEFORE MOVING ON. IF THE RESIDENT APPROVES, YOU MAY BEGIN INSTALLING FIRE ALARMS WHILE THE RESIDENT IS COMPLETING THE SAIFE SURVEY.**

### STEP 4 - Fire Safety Education Suggestions

**NOT ALL OF THE SUGGESTIONS BELOW WILL BE APPLICABLE—USE ONLY THOSE THAT APPLY TO THIS RESIDENCE. PLEASE CHECK ALL OF THE SUGGESTIONS THAT YOU DISCUSSED WITH THE RESIDENT.**

#### I. SMOKE ALARM MAINTENANCE

- ☐ [1] Test smoke alarms once a month using a broom handle to make sure the batteries are working correctly.
- ☐ [2] A smoke alarm may make a "chirping" sound to let you know that the battery is getting weak & a new battery is needed.
- ☐ [3] Never remove the battery to stop an unwanted alarm (e.g., Caused by steam from cooking) or to power another object.

#### II. FIRE ESCAPE PLANNING

- ☐ [4] Plan 2 escape routes from every room.
- ☐ [5] Choose an outside meeting place for all family members.
- ☐ [6] Never go into a burning building.
- ☐ [7] Go to a neighbor's home to call the fire department.

#### III. Heating Safety

- ☐ [8] Use Portable heaters with extra caution - especially around children.
- ☐ [9] Use heaters only in well-ventilated rooms.
- ☐ [10] Place heaters where they will not be knocked over easily.
- ☐ [11] Do not use heaters to dry clothing or other items.
- ☐ [12] Use only K-1 Kerosene to refill kerosene heaters. Never use gasoline or camp stove fuel to refuel heaters. Refuel heaters outdoors.
- ☐ [13] Plug heaters directly into the wall outlet and not into an extension cord.
- ☐ [14] Unplug electric heaters when not in use.
- ☐ [15] Keep people and all flammable materials at least three feet away from the heater.
- ☐ [16] Clean woodstoves and fireplaces yearly.
- ☐ [17] Do not use flammable liquids to start the fire.
- ☐ [18] Burn only seasoned firewood.
- ☐ [19] Never burn trash in the fireplace or woodstove.
- ☐ [20] Use a protective screen in front of woodstove or fireplace.
- ☐ [21] Clean clothes dryer lint screen after every use.

#### IV. Kitchen Safety

- ☐ [22] Don't leave food unattended on the stove.
- ☐ [23] Keep dangling or loose clothing away from the burner.
- ☐ [24] Keep stovetop clean and free of grease and crumbs.
- ☐ [25] If a grease fire starts, smother it with a tight fitting lid and turn the burner off. Do not try to move or carry the pan. Wait until the grease and the pan have cooled down before moving it.

#### V. Smokers

- ☐ [26] Use a large, deep ashtray and keep the ashtray away from upholstered furniture and curtains.
- ☐ [27] NEVER smoke in bed.
- ☐ [28] Keep matches and lighters away from children.
- ☐ [29] ALWAYS wet ashes before disposing in trash receptacle.

White - Department of Health and Human Services, Yellow - Fire Department, Blue - Resident.

# **Appendix B: Frequently Asked Questions**

## FREQUENTLY ASKED QUESTIONS

- 1. If we apply for smoke alarms and no money, is there a deadline for when they all have to be installed?**

RESPONSE: Yes, the deadline is the last day of the contract.

- 2. Are you accepting applications from single Fire Departments?**

RESPONSE: We are accepting applications from all Fire Departments. You have a better chance of being awarded if you were to partner with other Fire Departments in your area.

- 3. Can you send me the application electronically?**

RESPONSE: Yes, the application can be sent. Please provide your email address.

- 4. Can a Fire Marshal's Office apply?**

RESPONSE: Yes, County Fire Marshal's Offices may apply. This can be done if the entire county has a population of less than 50,000 or if you plan to target only certain high risk areas of a more highly populated county and you describe it in your application.

- 5. Does everything have to be on the budget Sheet?**

RESPONSE: We do want to see as much detail as possible on the budget sheet. Start on the sheet we provide and use additional sheets if you need to.

- 6. Is the reporting year the same as the fiscal year?**

RESPONSE: The reporting year is your fiscal year.

- 7. Do we budget funds to purchase smoke alarms?**

RESPONSE: No, Get Alarmed, North Carolina! supplies the alarms. In doing so, all alarms used through this project are the same. Funds should be used to assist you to do the best smoke alarm installation project possible.

- 8. Do we have a good chance of being awarded if we partner with other Fire Agencies?**

RESPONSE: We like to see as much county-wide cooperation as possible, as long as each of the populations are under 50,000.

- 9. Can we apply for the grant for only those parts of the county that are rural, essentially leaving the city of "XYZ" out?**

RESPONSE: Yes, you may apply for only the rural parts of your county as long as you describe this in your application.

- 10. I have just received this, do I HAVE to have this in to your office by *date* - there is no way I can contact all my fire departments by then.**

RESPONSE: Applications are due in my office by 5:00 on the due date. I can send you an electronic version of the application to make it easier for you to complete.

- 11. The application assembly requires Verification of IRS status. What is that?**

RESPONSE: Your 501(c)(3) status is what we will be looking for. Your accountant should have it. We just want a copy of it.

- 12. Do we need to fill in the block concerning Counties with a population greater than 50,000 if we are only applying for our fire district even though our county is greater than 50,000?**

RESPONSE: Yes, you do have to complete the block about the counties with a population greater than 50,000 even if you are only applying for a portion of the county that is less than 50,000.

# Attachments

# **Attachment A: Letters of Commitment or Statements of Support**

**Attachment B:  
501 (c) (3) Letter  
(Private Non-Profit Agencies)**

**or**

**Document Verifying Legal Name  
(Public Agencies)**

**Not required if previously submitted to the Division of Public Health in response to general request for documentation made by the Contracts Office on January 01, 2010.**

## **Verification of 501 (c) (3) Status**

We, the undersigned entity, hereby testify that the undersigned entity's 501 (c)(3) status, on file with the North Carolina Department of Health and Human Services, Division of Public Health, is still in effect.

\_\_\_\_\_  
Name of Agency

\_\_\_\_\_  
Signature of Chairman, Executive Director, or other authorized official

\_\_\_\_\_  
Title of above signed authorized official

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

IRS Verification (1/99)  
Contracts



**Attachment C:  
Letter from Board  
President/Chairperson  
Identifying Individual(s)  
Authorized  
to Sign Contracts**

**Not required if previously submitted to the Division of Public Health in  
response to general request for documentation made by the  
Contracts Office on January 01, 2010.**

## ATTACHMENT C

**[Print on Agency Letterhead]**

**Letter from Board President/Chairperson Identifying Individuals as Authorized to Sign Contracts**

I, \_\_\_\_\_, Board President/Chairperson of \_\_\_\_\_ [Agency/Organization's legal name] hereby identify the following individual(s) who is (are) authorized to sign Contracts for the organization/agency named above:

Printed Name	Title
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

Signature \_\_\_\_\_ \* Title \_\_\_\_\_ Date \_\_\_\_\_

*\* Indicate if you are the Board President or Chairperson*

The fiscal year of the above named agency runs from months \_\_\_\_\_ to \_\_\_\_\_

# **Attachment D: Federal Certifications**

**(For reference only – not for signature)**

## ATTACHMENT D

### FEDERAL CERTIFICATIONS

The undersigned states that:

1. He or she is the duly authorized representative of the Contractor named below;
2. He or she is authorized to make, and does hereby make, the following certifications on behalf of the Contractor, as set out herein:
  - a. The Certification Regarding Nondiscrimination;
  - b. The Certification Regarding Drug-Free Workplace Requirements;
  - c. The Certification Regarding Environmental Tobacco Smoke;
  - d. The Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions; and
  - e. The Certification Regarding Lobbying;
3. He or she has completed the Certification Regarding Drug-Free Workplace Requirements by providing the addresses at which the contract work will be performed;
4. [Check the applicable statement]  
☐ He or she **has completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has made, or has an agreement to make**, a payment to a lobbying entity for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action;  
  
**OR**  
☐ He or she **has not completed** the attached **Disclosure Of Lobbying Activities** because the Contractor **has not made, and has no agreement to make**, any payment to any lobbying entity for influencing or attempting to influence any officer or employee of any agency, any Member of Congress, any officer or employee of Congress, or any employee of a Member of Congress in connection with a covered Federal action.
5. The Contractor shall require its subcontractors, if any, to make the same certifications and disclosure.

\_\_\_\_\_  
Signature Title

\_\_\_\_\_  
Contracting Agency's Legal Name Date

[This Certification Must Be Signed By The Same Individual Who Signed the Contract.]

\*\*\*\*\*

## I. Certification Regarding Nondiscrimination

**The Contractor certifies** that it will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to nondiscrimination in the sale, rental or financing of housing; (h) the Food Stamp Act and USDA policy, which prohibit discrimination on the basis of religion and political beliefs; and (i) the requirements of any other nondiscrimination statutes which may apply to this Agreement.

\*\*\*\*\*

## II. Certification Regarding Drug-Free Workplace Requirements

1. **The Contractor certifies** that it will provide a drug-free workplace by:
  - A. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Contractor's workplace and specifying the actions that will be taken against employees for violation of such prohibition;
  - B. Establishing a drug-free awareness program to inform employees about:
    - (1) The dangers of drug abuse in the workplace;
    - (2) The Contractor's policy of maintaining a drug-free workplace;
    - (3) Any available drug counseling, rehabilitation, and employee assistance programs; and
    - (4) The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
  - C. Making it a requirement that each employee be engaged in the performance of the agreement be given a copy of the statement required by paragraph (a);
  - D. Notifying the employee in the statement required by paragraph (a) that, as a condition of employment under the agreement, the employee will:
    - (1) Abide by the terms of the statement; and
    - (2) Notify the employer of any criminal drug statute conviction for a violation occurring in the workplace no later than five days after such conviction;
  - E. Notifying the Department within ten days after receiving notice under subparagraph (d)(2) from an employee or otherwise receiving actual notice of such conviction;

- F. Taking one of the following actions, within 30 days of receiving notice under subparagraph (d)(2), with respect to any employee who is so convicted:
- (1) taking appropriate personnel action against such an employee, up to and including termination; or
  - (2) Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency; and
  - (g) Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).
2. The sites for the performance of work done in connection with the specific agreement are listed below (list all sites; add additional pages if necessary):
- Street Address No. 1: \_\_\_\_\_
- City, State, Zip Code: \_\_\_\_\_
- Street Address No. 2: \_\_\_\_\_
- City, State, Zip Code: \_\_\_\_\_
3. Contractor will inform the Department of any additional sites for performance of work under this agreement.
4. False certification or violation of the certification may be grounds for suspension of payment, suspension or termination of grants, or government-wide Federal suspension or debarment. 45 C.F.R. 82.510.

\*\*\*\*\*

### III. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, Part C-Environmental Tobacco Smoke, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law does not apply to children's services provided in private residences, facilities funded solely by Medicare or Medicaid funds, and portions of facilities used for inpatient drug or alcohol treatment. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000.00 per day and/or the imposition of an administrative compliance order on the responsible entity.

**The Contractor certifies** that it will comply with the requirements of the Act. The Contractor further agrees that it will require the language of this certification be included in any subawards that contain provisions for children's services and that all subgrantees shall certify accordingly.

\*\*\*\*\*

#### IV. Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion Lower Tier Covered Transactions

##### Instructions

[The phrase "prospective lower tier participant" means the Contractor.]

1. By signing and submitting this document, the prospective lower tier participant is providing the certification set out below.
2. The certification in this clause is a material representation of the fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originate may pursue available remedies, including suspension and/or debarment.
3. The prospective lower tier participant will provide immediate written notice to the person to whom this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.
4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549, 45 CFR Part 76. You may contact the person to whom this proposal is submitted for assistance in obtaining a copy of those regulations.
5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter any lower tier covered transaction with a person who is debarred, suspended, determined ineligible or voluntarily excluded from participation in this covered transaction unless authorized by the department or agency with which this transaction originated.
6. The prospective lower tier participant further agrees by submitting this document that it will include the clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion-- Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.
7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.
8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.
9. Except for transactions authorized in paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension, and/or debarment.

### Certification

- a. **The prospective lower tier participant certifies**, by submission of this document, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- b. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

.....

### V. Certification Regarding Lobbying

**The Contractor certifies**, to the best of his or her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federally funded contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form SF-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. Standard Form SF-LLL and its instructions are located at the following URL: <http://www.whitehouse.gov/omb/assets/omb/grants/sfillin.pdf>
3. The undersigned shall require that the language of this certification be included in the award document for subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) who receive federal funds of \$100,000.00 or more and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000.00 and not more than \$100,000.00 for each such failure.



# **Attachment E: Letter from Board President/Chairperson Identifying Individual(s) Authorized to Sign Expenditure Reports**

**Not required if previously submitted to the Division of Public Health in response to general request for documentation made by the Contracts Office on January 01, 2010.**

ATTACHMENT E

[Print on Agency Letterhead]

**Letter from Board President/Chairperson  
Identifying Individuals as Authorized to Sign  
Contract Expenditure Reports**

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I, \_\_\_\_\_, Board President/Chairperson of  
\_\_\_\_\_ [Agency/Organization's legal name] hereby identify the  
following individual(s) who is (are) authorized to sign Contract Expenditure Reports for the organization/agency  
named above:

Printed Name	Title	Signature
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Signature _____	* Title _____	Date _____
-----------------	---------------	------------

*\* Indicate if you are the Board President or Chairperson*

# **Attachment F: Notarized Conflict of Interest Policy**

**(Private Non-Profits Only)**

**Not required if previously submitted to the Division of Public Health in response to general request for documentation made by the Contracts Office on January 01, 2010.**

## Notarization of Conflict of Interest Policy

---

State of North Carolina, County of \_\_\_\_\_

I, \_\_\_\_\_, Notary Public for said County and State, certify that  
\_\_\_\_\_  
[Name of Board Chair or Authorized Official] personally appeared before  
me this day and acknowledged that he/she is \_\_\_\_\_ [Title] of  
\_\_\_\_\_  
[Agency/Organization's full legal name] and by that authority  
duly given and as the act of the Organization, affirmed that the foregoing Conflict of Interest Policy was adopted by the Board of  
Directors/Trustees or other governing body in a meeting held on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Signature and Seal

Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

---

***Instruction for Organization:***

- Sign and attach the following pages after adopted by the Board of Directors/Trustees or other governing body,  
or
- replace the following with the current adopted Conflict of Interest Policy.

\_\_\_\_\_  
Legal Name of Organization

\_\_\_\_\_  
Signature of Organization Official

# Conflict of Interest Policy

The Board of Directors/Trustees or other governing persons, officers, employees or agents are to avoid any conflict of interest, even the appearance of a conflict of interest. The Organization's Board of Directors/Trustees or other governing body, officers, staff and agents are obligated to always act in the best interest of the organization. This obligation requires that any Board member or other governing person, officer, employee or agent, in the performance of Organization duties, seek only the furtherance of the Organization mission. At all times, Board members or other governing persons, officers, employees or agents, are prohibited from using their job title, the Organization's name or property, for private profit or benefit.

A. The Board members or other governing persons, officers, employees, or agents of the Organization should neither solicit nor accept gratuities, favors, or anything of monetary value from current or potential contractors/vendors, persons receiving benefits from the Organization or persons who may benefit from the actions of any Board member or other governing person, officer, employee or agent. This is not intended to preclude bona-fide Organization fund raising-activities.

B. A Board or other governing body member may, with the approval of Board or other governing body, receive honoraria for lectures and other such activities while not acting in any official capacity for the Organization. Officers may, with the approval of the Board or other governing body, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. Employees may, with the prior written approval of their supervisor, receive honoraria for lectures and other such activities while on personal days, compensatory time, annual leave, or leave without pay. If a Board or other governing body member, officer, employee or agent is acting in any official capacity, honoraria received in connection with activities relating to the Organization are to be paid to the Organization.

C. No Board member or other governing person, officer, employee, or agent of the Organization shall participate in the selection, award, or administration of a purchase or contract with a vendor where, to his knowledge, any of the following has a financial interest in that purchase or contract:

1. The Board member or other governing person, officer, employee, or agent;
2. Any member of their family by whole or half blood, step or personal relationship or relative-in-law;
3. An organization in which any of the above is an officer, director, or employee;
4. A person or organization with whom any of the above individuals is negotiating or has any arrangement concerning prospective employment or contracts.

D. **Duty to Disclosure** — Any conflict of interest, potential conflict of interest, or the appearance of a conflict of interest is to be reported to the Board or other governing body or one's supervisor immediately.

E. **Board Action** — When a conflict of interest is relevant to a matter requiring action by the Board of Directors/Trustees or other governing body, the Board member or other governing person, officer, employee, or agent (person(s)) must disclose the existence of the conflict of interest and be given the opportunity to disclose all material facts to the Board and members of committees with governing board delegated powers considering the possible conflict of interest. After disclosure of all material facts, and after any discussion with the person, he/she shall leave the governing board or committee meeting while the determination of a conflict of interest is discussed and voted upon. The remaining board or committee members shall decide if a conflict of interest exists.

In addition, the person(s) shall not participate in the final deliberation or decision regarding the matter under consideration and shall leave the meeting during the discussion of and vote of the Board of Directors/Trustees or other governing body.

F. **Violations of the Conflicts of Interest Policy** — If the Board of Directors/Trustees or other governing body has reasonable cause to believe a member, officer, employee or agent has failed to disclose actual or possible conflicts of interest, it shall inform the person of the basis for such belief and afford the person an opportunity to explain the alleged failure to disclose. If, after hearing the person's response and after making further investigation as warranted by the circumstances, the Board of Directors/Trustees or other governing body determines the member, officer, employee or agent has failed to disclose an actual or possible conflict of interest, it shall take appropriate disciplinary and corrective action.

G. **Record of Conflict** — The minutes of the governing board and all committees with board delegated powers shall contain:

1. The names of the persons who disclosed or otherwise were found to have an actual or possible conflict of interest, the nature of the conflict of interest, any action taken to determine whether a conflict of interest was present, and the governing board's or committee's decision as to whether a conflict of interest in fact existed.
2. The names of the persons who were present for discussions and votes relating to the transaction or arrangement that presents a possible conflict of interest, the content of the discussion, including any alternatives to the transaction or arrangement, and a record of any votes taken in connection with the proceedings.

Approved by:

\_\_\_\_\_  
Legal Name of Organization

\_\_\_\_\_  
Signature of Organization Official

\_\_\_\_\_  
Title of Organization Official

\_\_\_\_\_  
Date

# **Attachment G: Certification of No Overdue Taxes**

**(Non-Public Entities - financial assistance  
contracts)**

**Not required if previously submitted to the Division of Public Health in  
response to general request for documentation made by the Contracts Office  
on January 01, 2010.**

Attachment G

[Print on Agency Letterhead]

State Grant Certification – No Overdue Tax Debts<sup>1</sup>

To: State Agency Head and Chief Fiscal Officer

Certification:

We certify that the \_\_\_\_\_  
[Agency/Organization's full legal name] does not have any overdue tax debts, as defined by **N.C.G.S. 105-243.1**, at the federal, State, or local level. We further understand that any person who makes a false statement in violation of **N.C.G.S. 143C-6-23(c)** is guilty of a criminal offense punishable as provided by **N.C.G.S. 143-34(b)**.

Sworn Statement:

\_\_\_\_\_  
[Name of Board Chair] and  
\_\_\_\_\_  
[Name of Second Authorizing Official] being duly sworn, say that we are the  
Board Chair and \_\_\_\_\_ [Title of Second Authorizing Official], respectively, of  
\_\_\_\_\_  
[Agency/Organization's full legal name] of  
\_\_\_\_\_  
[City] in the State of \_\_\_\_\_ [State]; and that the foregoing certification is true,  
accurate and complete to the best of our knowledge and was made and subscribed by us. We also acknowledge and understand that  
any misuse of State funds will be reported to the appropriate authorities for further action.

_____ Signature	_____ Board Chair Title	_____ Date
_____ Signature	_____ Title of Second Authorizing Official	_____ Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 2010.

\_\_\_\_\_  
Notary Signature and Seal  
Notary's commission expires \_\_\_\_\_, 20 \_\_\_\_.

<sup>1</sup> G.S. 105-243.1 defines: "Overdue tax debt – Any part of a tax debt that remains unpaid 90 days or more after the notice of final assessment was mailed to the taxpayer. The term does not include a tax debt, however, if the taxpayer entered into an installment agreement for the tax debt under G.S. 105-237 within 90 days after the notice of final assessment was mailed and has not failed to make any payments due under the installment agreement."